

**SD BOARD of EXAMINERS for COUNSELORS and MARRIAGE & FAMILY THERAPIST
APPLICATION FOR LICENSED PROFESSIONAL COUNSELOR by ENDORSEMENT**

NOTE: Applicant must have a 48 hour Master's Degree in Counseling and 2000 hours of post-graduate supervised work experience to be eligible for Licensed Professional Counselor.

I hereby make application for licensure to practice as a Licensed Professional Counselor in the State of South Dakota. **Applications must be accompanied by a non-refundable license application fee of \$100.** A personal check or money order should be made payable to the South Dakota Board of Examiners for Counselors and MFTs. **A photo** (no larger than 3 x 5) **must be submitted** for identification purposes. Please type or print legibly the following.

SECTION I. GENERAL INFORMATION

1. Name _____
Last First MI
2. Name as you wish it to appear on the license _____
3. Social Security No. _____ Date of Birth _____
4. Home Address _____

5. Business Address _____

6. Home Phone # _____ Business Phone # _____
7. I have/have not (CIRCLE ONE) made a previous application to South Dakota Board of Examiners for Counselors and Marriage & Family Therapists. If yes, please state on a separate sheet of paper.
8. I have/have not (CIRCLE ONE) been convicted of any crime other than minor traffic violations. If yes, please explain on a separate sheet of paper.
9. I have/have not (CIRCLE ONE) had a license denied, revoked, suspended, or otherwise acted against for any reason in another state, territory, or in South Dakota. If yes, please explain on a separate sheet of paper.
10. I have/have not (CIRCLE ONE) been disciplined by a mental health licensing or certification board or by any mental health related professional organization. If yes, please explain on a separate sheet of paper.
11. I am/am not (CIRCLE ONE) \$1,000 or more behind in child support payments.

SECTION II. GENERAL REQUIREMENTS

STATE BOARD VERIFICATION FORM must be completed by the state board which issued your active professional counseling license, and be returned to the South Dakota board office.

The NBCC National Counselor Examination (NCE) is required for the LPC. If you have not taken the National Counselor Examination, contact the Board office for the Exam information or go to: <http://dhs.sd.gov/brd/counselor/Examiners.aspx>.

(continued, over)

ATTACHMENT A – SUPERVISED EXPERIENCE The applicant must have at least two thousand (2,000) hours post-graduate supervised experience in counseling acceptable to the Board, with one hour of supervision per week for a total of 100 hours of supervision conducted by a licensed mental health professional. The 2,000 hours will be comprised of at least 800 hours of direct client contact as defined in SDCL 36-32-1(2) and ARSD 20:68:04. The remaining hours are to be (non-administrative) counseling-related.

ATTACHMENT B – COURSEWORK A 48 hour Master’s Degree is required and the specified Areas of Study must be satisfied. Enclose a copy of your official transcripts.

SECTION III. AFFIDAVIT

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license or certification I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish additional information or documentation as may be deemed necessary by the South Dakota Board of Examiners for Counselors and Marriage & Family Therapists for their verification of the information I have disclosed in this application.

I will not hold myself out as a state Licensed Professional Counselor until the license authorizing me to do so is in my possession.

I hereby declare under penalty of perjury that the foregoing answers and statements are true and correct.

STATE OF _____)
:SS
COUNTY OF _____)

The undersigned, being duly sworn deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every aspect; that he/she will conform to the ethical standards of conduct in his/her profession; and that he/she has read and understands this affidavit.

Dated this ____ day of _____, 20____. _____
Signature of Applicant

Sworn to before me this _____ day of _____, 20____. _____

NOTARY PUBLIC

My Commission expires:
(SEAL)

**Return your completed application to: SD Board of Examiners for Counselors and Marriage & Family Therapists
PO Box 2164 Sioux Falls, SD 57101-2164 (605/331-2927)**

SD BOARD of EXAMINERS for COUNSELORS and MARRIAGE & FAMILY THERAPISTS

LICENSED PROFESSIONAL COUNSELOR by ENDORSEMENT

STATE BOARD VERIFICATION FORM

(Applicant, please send this form to your State Licensing Office)

ATTENTION: *By providing us this necessary information we can make a determination whether to grant this Applicant a license. We thank you in advance for your time and consideration.*

I, SECRETARY OF THE _____ LICENSING BOARD, CERTIFY THAT

(APPLICANT NAME) WAS GRANTED LICENSE # _____ FROM THE

STATE BOARD ON _____, (yr) _____.
AND EXPIRES ON _____, 20 _____.

I CERTIFY THIS APPLICANT RECEIVED A 48-HR MASTER'S DEGREE IN COUNSELING: yes / no

I CERTIFY THIS APPLICANT WAS LICENSED BY ENDORSEMENT/RECIPROCITY: yes / no

I CERTIFY THIS APPLICANT WAS LICENSED BY GRANDFATHERING: yes / no

I CERTIFY THIS APPLICANT **COMPLETED AT LEAST TWO THOUSAND (2,000) HOURS OF POST-GRADUATE SUPERVISED EXPERIENCE IN COUNSELING WHICH CONTAINED AT LEAST 800 HOURS OF DIRECT CLIENT CONTACT, AND RECEIVED 100 HOURS OF SUPERVISION BY A LICENSED MENTAL HEALTH PROFESSIONAL.** yes / no IF NO, PLEASE EXPLAIN _____

I CERTIFY THIS APPLICANT PASSED THE NATIONAL COUNSELOR EXAM (NCE): yes / no

DATE NCE PASSED _____

(BOARD SEAL)

SECRETARY OF STATE BOARD

DATE

**Please return this completed form to: SD Board of Examiners for Counselors and Marriage & Family Therapists,
PO Box 2164, Sioux Falls, SD 57101-2164.**

ATTACHMENT A – SUPERVISED EXPERIENCE WITH QUALIFIED SUPERVISOR

(ARSD 20:68:01:02 & 20:68:04)

LICENSED PROFESSIONAL COUNSELOR

Please Submit A Separate Attachment For Each Supervisor

APPLICANT'S NAME: _____

Last

First

MI

The individual named above is applying for a license to practice counseling in the State of South Dakota. The SD Board of Examiners for Counselors and Marriage & Family Therapists (Licensing Board) requires submission of information by the qualified supervisor(s), which will enable the Board to evaluate the extent and quality of the candidate's supervised experience.

To be completed by Applicant (Please type or print legibly):

1. Name of Approved Supervisor: _____

2. Nature of setting in which supervised practice took place: _____

3. Dates of supervision by this supervisor at this setting: _____

START (mm/dd/yy)

END (mm/dd/yy)

4. Total number of DIRECT CLIENT CONTACT hours during period listed above: _____

5. Total number of hours of COUNSELING-RELATED EXPERIENCE during period listed above: _____

6. **SUPERVISORY HOURS:** _____

Total Number Face-Face

Total Number of Group or by Secured Conferencing

“I attest to the fact these hours are true and accurate.” Supervisor’s Initials _____

7. Please describe the nature of the applicant’s duties: _____

8. Please describe the nature of the supervision provided: _____

ATTACHMENT A – SUPERVISED EXPERIENCE WITH QUALIFIED SUPERVISOR

(ARSD 20:68:01:02 & 20:68:04)
LICENSED PROFESSIONAL COUNSELOR

-Continued- KEEP TOGETHER WITH PAGE 4

Must be completed by Supervisor (Please type or print legibly in ink):

9. I have reviewed the applicant's statements on side one of this Attachment A. They are _____ / are not _____ substantially correct. (Please add any corrections on a separate sheet of paper.)

10. The quality of the applicant's performance during the supervision was: (check one)
_____ Outstanding _____ Good _____ Fair _____ Poor

11. My title at time of supervision: _____

12. My type of professional counseling license at time of supervision: _____

State of: _____

License Number: _____

License Issue Date: _____

I held my license during the entirety of this supervision period: _____ Yes _____ No If no, please explain: _____

I attest to the fact the information I have provided above is true and accurate and that I was solely responsible for this applicant's supervision as documented on side one of this Attachment A.

Supervisor's Signature

ATTACHMENT B - COURSEWORK
LICENSED PROFESSIONAL COUNSELOR (ARSD 20:68:03)

- A 48-hour Master's degree in Counseling approved by the Council for Accreditation of Counseling and Related Educational Programs (**CACREP**) as listed in "Directory of Accredited Programs," July, 1994; **OR**
- A 48-hours Masters degree in Counseling or related program which includes coursework in the content areas below.

Academic requirements must be completed at a university or college accredited by one of the following. Check your school's accreditation body:

- _____ (1) The Middle States Association of Colleges and Secondary Schools;
- _____ (2) The New England State Association of Colleges and Secondary Schools;
- _____ (3) The North Central Association of Colleges and Secondary Schools;
- _____ (4) The Northwest Association of Colleges and Secondary Schools;
- _____ (5) The Southern Association of Colleges and Secondary Schools; or
- _____ (6) The Western College Association.

In the blanks provided, please write which course number(s) meet(s) these requirements from your transcript. If a course title is not clearly indicative of the content areas as outlined below, include the college catalog description or course syllabus and highlight the areas of the literature that best demonstrate coverage of the content area.

Content Area	Course Number(s)	Course Title(s)	College/ University
Counseling theory: including a study of basic theories and principles of counseling and philosophic bases of the helping relationship;			
Counseling techniques: including individual counseling practices, methods, facilitative skills, and the application of these skills;			
Counseling Practicum (as defined in ARSD 20:68:03:02 (c) -- * below)			
Counseling Internship (as defined in ARSD 20:68:03:02 (d) -- * below)			
Human growth and development: including studies that provide a broad understanding of the nature and needs of individuals at all developmental levels with emphasis placed on psychological, sociological approaches and areas such as normal and abnormal human behavior, personality theory, and learning theory;			
Social and Cultural Foundations: including studies of change, ethnic groups, subcultures, changing roles of women, sexism, urban and rural societies, population patterns, cultural mores, use of leisure time, and differing life patterns;			

Content Area	Course Number(s)	Course Title(s)	College/ University
The helping relationship: individuals working together to resolve a conflict or difference and foster the personal growth and development of one of the two people. At least one of the parties has the intention of function and improved coping with the life of the other party;			
Group counseling: including theory and types of groups, as well as descriptions of group practices, methods, dynamics, facilitative skills, and supervised practice;			
Life-style and career development: including areas such as vocational-choice theory, relationship between career choice and life-style, sources of occupational and educational information, approaches to career decision-making processes and career development exploration techniques;			
Individual appraisal: including the development of a framework for understanding the individual, including methods of data-gathering and interpretation, individuals and group testing, case study approaches, the study of individual differences, and consideration of ethnic, cultural, and sex factors;			
Research and evaluation: including areas such as statistics, research design, the development of research and demonstration proposals, and the development and evaluation of program objectives;			
Professional orientation: professional, legal, and ethical responsibilities including: goals and objectives of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certification and licensing, and the role identity of counselor.			

* **20:68:03:02. Approved counseling program.** Approved counseling programs are as follows:

- (1) A counseling program approved by the CACREP; or
- (2) An organized sequence of study in the area of counseling that includes graduate course work in each of the following areas:
 - (a) Counseling theory: including a study of basic theories, principles of counseling, and philosophical bases of the helping relationship;
 - (b) Counseling techniques: including individual counseling practices, methods, facilitative skills, and the application of these skills;
 - (c) **Practicum:** including a supervised training experience consisting of the provision of counseling to clients or groups seeking services from counselors;
 - (i) A practicum consists of no less than 100 hours, of which 40 hours are direct service;
 - (ii) Prior to the beginning of the practicum, the student must have completed a course in counseling theory and a course in counseling techniques;
 - (iii) The practicum must be under the direction of a graduate faculty member;
 - (iv) The supervisor's evaluation of the trainee's work shall take place through face-to-face contact;
 - (d) **Internship:** including an on-the-job experience in professional counseling under the tutelage of an on-site supervisor who is a licensed professional counselor or licensed mental health therapist. The supervised internship may be no less than 600 hours of which 240 hours must be in direct services;